		FOR OHF USE					

LL1

2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0033159

Facility Name: Clinton Manor Living Center

Address: 111 Eat Illinois (Number) | New Baden (City) | 62265 (Zip Code)

County: Clinton

Telephone Number: 618-588-4924 **Fax #** ( )

IDPA ID Number: 371224393001

Date of Initial License for Current Owners: 01/01/88

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[ ]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[X]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Jamie Hull **Telephone Number:** 217-228-1950

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/04 to 12/31/04 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) James G. Hull, Vice President
(Firm Name & Address) WDM Computer Services, Inc., 1900 Harrison, Quincy, IL 62301
(Telephone) 217-228-1950 Fax # 217-222-6053

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 07/01/04

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	31	Skilled (SNF)	33	11,714	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	50	Intermediate/DD	50	18,300	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	81	TOTALS	83	30,014	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	82	107	894	1,083	8
9	SNF/PED					9
10	ICF	6,098	3,464		9,562	10
11	ICF/DD	17,170			17,170	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	23,350	3,571	894	27,815	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.67%

D. How many bed-hold days during this year were paid by Public Aid? 497 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 01/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 33 and days of care provided 7,528

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Clinton Manor Living Center # 0033159 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	155,083	12,997	5,176	173,256		173,256		173,256			1
2	Food Purchase		142,540		142,540		142,540	(2,282)	140,258			2
3	Housekeeping	85,517	10,494	1,611	97,622		97,622	(549)	97,073			3
4	Laundry	62,724	9,898	661	73,283		73,283		73,283			4
5	Heat and Other Utilities			65,485	65,485		65,485		65,485			5
6	Maintenance	47,869	10,892	72,002	130,763	217	130,980	10	130,990			6
7	Other (specify):*											7
8	**TOTAL General Services**	351,193	186,821	144,935	682,949	217	683,166	(2,821)	680,345			8
	B. Health Care and Programs											
9	Medical Director			5,200	5,200		5,200		5,200			9
10	Nursing and Medical Records	1,354,092	44,277	88,668	1,487,037		1,487,037	(37,903)	1,449,134			10
10a	Therapy			187,654	187,654		187,654		187,654			10a
11	Activities	22,259	20,612		42,871		42,871		42,871			11
12	Social Services	140,117		2,016	142,133		142,133	(26,268)	115,865			12
13	Nurse Aide Training			953	953		953		953			13
14	Program Transportation	23,295			23,295		23,295		23,295			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,539,763	64,889	284,491	1,889,143		1,889,143	(64,171)	1,824,972			16
	C. General Administration											
17	Administrative	108,852		24,000	132,852		132,852	(43,342)	89,510			17
18	Directors Fees											18
19	Professional Services			92,186	92,186	(777)	91,409	(47,141)	44,268			19
20	Dues, Fees, Subscriptions & Promotions			35,962	35,962		35,962	(21,161)	14,801			20
21	Clerical & General Office Expenses	98,188	7,857	24,568	130,613		130,613	5,264	135,877			21
22	Employee Benefits & Payroll Taxes			376,096	376,096		376,096	4,356	380,452			22
23	Inservice Training & Education			5,989	5,989	(139)	5,850		5,850			23
24	Travel and Seminar			9,514	9,514	139	9,653	(1,749)	7,904			24
25	Other Admin. Staff Transportation					777	777		777			25
26	Insurance-Prop.Liab.Malpractice			50,795	50,795		50,795		50,795			26
27	Other (specify):* **Meetings Exp.**			1,686	1,686		1,686		1,686			27
28	**TOTAL General Administration**	207,040	7,857	620,796	835,693		835,693	(103,773)	731,920			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,097,996	259,567	1,050,222	3,407,785	217	3,408,002	(170,765)	3,237,237			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Clinton Manor Living Center #0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			88,963	88,963		88,963	(1,512)	87,451			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			76,782	76,782		76,782	(458)	76,324			32
33	Real Estate Taxes			19,210	19,210		19,210		19,210			33
34	Rent-Facility & Grounds			1,050	1,050	(168)	882	(12,000)	(11,118)			34
35	Rent-Equipment & Vehicles			1,773	1,773	(49)	1,724		1,724			35
36	Other (specify):* See List Attached			29,180	29,180		29,180	(29,178)	2			36
37	**TOTAL Ownership**			216,958	216,958	(217)	216,741	(43,148)	173,593			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation		16,506		16,506		16,506		16,506			38
39	Ancillary Service Centers		46,808	5,505	52,313		52,313		52,313			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		9,380		9,380		9,380		9,380			41
42	Provider Participation Fee			45,229	45,229		45,229		45,229			42
43	Other (specify):* Misc. Exp.			1,029	1,029		1,029		1,029			43
44	**TOTAL Special Cost Centers**		72,694	51,763	124,457		124,457		124,457			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,097,996	332,261	1,318,943	3,749,200		3,749,200	(213,913)	3,535,287			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,090)	2		4
5	Telephone, TV & Radio in Resident Rooms	(277)	21		5
6	Rented Facility Space	(12,000)	34		6
7	Sale of Supplies to Non-Patients	(293)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14	30		9
10	Interest and Other Investment Income	(458)	32		10
11	Discounts, Allowances, Rebates & Refunds	(192)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,352)	36		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(30)	36		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(21,947)	36		24
25	Fund Raising, Advertising and Promotional	(21,798)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,310)	36		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(93,985)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (156,718)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule	(57,195)		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (57,195)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (213,913)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Clinton Manor Living Center

ID# 0033159

Report Period Beginning: 01/01/04

Ending: 12/31/04

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Bank Fees	$ (1,376)	36	1
2	Amortization of Lona Costs	(1,967)	36	2
3	Political Contributions	(196)	36	3
4	CSS Labor:Admin Progr.	(26,268)	12	4
5	CSS Labor:Admin Asst.	(22,425)	21	5
6	CSS Labor:Nursing	(37,610)	10	6
7	CSS Labor: Maintenance	(549)	3	7
8	Non-care Related Depreciation	(1,526)	30	8
9	2005 Seminar	(285)	24	9
10	Out of State Travel	(1,261)	24	10
11	2003 Seminar Expenses	(522)	24	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(93,985)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Clinton Manor Living Center # 0033159 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,282)	0	0	0	0	0	0	0	0	0	0	(2,282)	2
3	Housekeeping	(549)	0	0	0	0	0	0	0	0	0	0	(549)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	10	0	0	0	0	0	0	0	0	10	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(2,831)	0	10	0	0	0	0	0	0	0	0	(2,821)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(37,903)	0	0	0	0	0	0	0	0	0	0	(37,903)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(26,268)	0	0	0	0	0	0	0	0	0	0	(26,268)	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(64,171)	0	0	0	0	0	0	0	0	0	0	(64,171)	16
	C. General Administration													
17	Administrative	0	0	(28,396)	(14,946)	0	0	0	0	0	0	0	(43,342)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(48,000)	619	240	0	0	0	0	0	0	0	(47,141)	19
20	Fees, Subscriptions & Promotions	(21,798)	0	637	0	0	0	0	0	0	0	0	(21,161)	20
21	Clerical & General Office Expenses	(22,702)	0	6,912	21,054	0	0	0	0	0	0	0	5,264	21
22	Employee Benefits & Payroll Taxes	0	0	1,025	3,331	0	0	0	0	0	0	0	4,356	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(2,068)	0	319	0	0	0	0	0	0	0	0	(1,749)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(46,568)	(48,000)	(18,884)	9,679	0	0	0	0	0	0	0	(103,773)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(113,570)	(48,000)	(18,874)	9,679	0	0	0	0	0	0	0	(170,765)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Clinton Manor Living Center** **#** **0033159** **Report Period Beginning:** **01/01/04** **Ending:** **12/31/04**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(1,512)	0	0	0	0	0	0	0	0	0	0	(1,512)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(458)	0	0	0	0	0	0	0	0	0	0	(458)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(12,000)	0	0	0	0	0	0	0	0	0	0	(12,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(29,178)	0	0	0	0	0	0	0	0	0	0	(29,178)	36
37	**TOTAL Ownership**	(43,148)	0	0	0	0	0	0	0	0	0	0	(43,148)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(156,718)	(48,000)	(18,874)	9,679	0	0	0	0	0	0	0	(213,913)	45

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Michael Brave	25			Brave Inc.	New Baden	Management
Ann Reis	25	Carlyle Healthcare Center	Carlyle	DAR Mngmt	Quincy	Management
		St. Vincent's Home. Inc.	Quincy	Wdm Computer Servic	Quincy	Data Processing
Blain Richard	25	St. Ann's Healthcare Center, Inc.	Chester	RDR Mngmt	Albers	Management
Michael & Gail Greer	25	St. Ann's Healthcare Center, Inc.	Chester	Greer Mngmt	Trenton	Management
		O'Fallon Healthcare Center, Inc.	O'Fallon			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Management	$ 24,000	Brave Mangement	0.00%	$	$ (24,000)	1
2	V	19	Management	24,000	DAR Management	0.00%		(24,000)	2
3	V	19	Data Processing	15,939	WDM Computer Services, Inc.	0.00%	15,939		3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 63,939			$ 15,939	$ * (48,000)	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	MANAGEMENT	$ 36,000	GREER MGMT	0.00%	$ 7,604	$ (28,396)	15
16	V	21	CLERICAL		GREER MGMT	0.00%	4,999	4,999	16
17	V	21	OFFICE SUPPLIES		GREER MGMT	0.00%	1,154	1,154	17
18	V	22	PAYROLL TAXES		GREER MGMT	0.00%	1,025	1,025	18
19	V	24	SEMINAR		GREER MGMT	0.00%	319	319	19
20	V	21	TELEPHONE		GREER MGMT	0.00%	759	759	20
21	V	6	REPAIRS & MAINT		GREER MGMT	0.00%	10	10	21
22	V	20	DUES/SUBSCRIPT		GREER MGMT	0.00%	637	637	22
23	V	19	PROFESSIONAL FEES		GREER MGMT	0.00%	619	619	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 36,000			$ 17,126	$ * (18,874)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Administrative	$ 36,000	RDR MGMT	0.00%	$ 21,054	$ (14,946)	15
16	V	21	Clerical		RDR MGMT	0.00%	21,054	21,054	16
17	V	19	Accounting		RDR MGMT	0.00%	211	211	17
18	V	19	Legal		RDR MGMT	0.00%	29	29	18
19	V	21	Office		RDR MGMT	0.00%			19
20	V	22	Payroll Taxes		RDR MGMT	0.00%	3,331	3,331	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 36,000			$ 45,679	$ * 9,679	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Michael Greer	Vice President	Owner	25.00	0	14	33.00	Wages	$ 12,000	17-1	1
2	Blain Richard	President	Owner	25.00	0	10	25.00	Wages	12,000	17-1	2
3	Ann Reis	n/a	Owner	25.00	0	0	0.00			17-1	3
4	Dave Reis	Treasurer	Board Member	0.00	0	10	25.00	Wages	12,000		4
5	Michael Brave	Administrator	Administrator	25.00	0	40	100.00	Wages	72,852	17-1	5
6	RDR Mngmt	Management	Management	0.00	0	5	12.00	Mngt Fees	24,000	19-3	6
7	DAR Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	24,000	19-3	7
8	Greer Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	24,000	19-3	8
9	Brave, Inc.	Management	Management	0.00	0	5	12.00	Mngt Fees	24,000	17-3	9
10	See Attatched List (Pg 28)										10
11											11
12											12
13								TOTAL	$ 204,852		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: RDR Mangement
Street Address: 5617 Albers Road
City / State / Zip Code: Albers, IL 62215
Phone Number: (618-248-5642
Fax Number: (618-248-5905

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Administrative	Management Fees	75,236	3	$ 66,000	$ 66,000	24,000	$ 21,054	1
2	21	Clerical	Management Fees	75,236	3	66,000	66,000	24,000	21,054	2
3	19	Accounting	Management Fees	75,236	3	661		24,000	211	3
4	19	Legal	Management Fees	75,236	3	90		24,000	29	4
5	21	Office	Management Fees	75,236	3	1		24,000	0	5
6	22	Payroll Taxes	Management Fees	75,236	3	10,441		24,000	3,331	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 143,193	$ 132,000		$ 45,679	25

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Greer Management
Street Address: 581 Countryside Lane
City / State / Zip Code: Tranton, IL 62293
Phone Number: (618-224-7715
Fax Number: (618-224-7716

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	MANAGEMENT FEES	119,246	4	$ 37,780	$ 37,780	24,000	$ 7,604	1
2	21	CLERICAL	MANAGEMENT FEES	119,246	4	24,839	24,839	24,000	4,999	2
3	22	PAYROLL TAXES	MANAGEMENT FEES	119,246	4	5,734		24,000	1,154	3
4	21	OFFICE SUPPLIES	MANAGEMENT FEES	119,246	4	5,094		24,000	1,025	4
5	24	SEMINAR	MANAGEMENT FEES	119,246	4	1,584		24,000	319	5
6	21	TELEPHONE	MANAGEMENT FEES	119,246	4	3,771		24,000	759	6
7	6	REPAIRS & MAINT	MANAGEMENT FEES	119,246	4	50		24,000	10	7
8	20	DUES/SUBSCRIPT	MANAGEMENT FEES	119,246	4	3,166		24,000	637	8
9	19	PROFESSIONAL FEES	MANAGEMENT FEES	119,246	4	3,074		24,000	619	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 85,092	$ 62,619		$ 17,126	25

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	First National Bank		X	Mortgage	$12,930.02	10/3/01	$ 1,325,000	$ 1,011,966	10/15/06	6.0000	$ 46,171	1
2	First National Bank		X	Refinance	$924.82	01/03/02	100,000	79,479	12/03/06	5.0000	3,662	2
3	Ford Credit		X	Auto Loan	$633.45	04/03/03	38,007	24,705	04/03/08	o.oooo	o.oo	3
4	First National Bank		X	Contruction Loan	Interest	12/19/03	95,000	91,836	05/19/04	4.0000	3,060	4
5												5
	Working Capital											
6	Cash Flow		X	Liability Insurance Pymt	Various	02/11/04	54,100	4,900	01/11/05	4.0000	1,294	6
7	Cash Flow		X	Cash Flow	Various	10/15/03	225,000	225,000	10/15/04	4.0000	2,595	7
8	Owners	X		Cash Flow	Interest	04/13/97	48,000	400,000	04/13/05	5.0000	20,000	8
9	TOTAL Facility Related				$14,488.29		$ 1,885,107	$ 1,837,886			$ 76,782	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,885,107	$ 1,837,886			$ 76,782	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Clinton Manor Living Center **#** 0033159 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 20,137	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 19,673	2
3. Under or (over) accrual (line 2 minus line 1).		$ (464)	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 19,673	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 19,209	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1999	18,861	8
	2000	18,941	9
	2001	19,607	10
	2002	19,703	11
	2003	20,137	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Clinton Manor Living Center COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033159

CONTACT PERSON REGARDING THIS REPORT James G. Hull

TELEPHONE 217-228-1950 FAX #: 217-222-6053

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	11-10-18-178-002	Sec 18 TWP 1 Rng 5 lot 57 58 & 59	$ 17,727.04	$ 17,727.04
2.	11-10-18-175-023	New Baden pt of Lot 54 & 55	$ 1,946.42	$ 1,946.42
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 19,673.46	$ 19,673.46

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 21,794 B. General Construction Type: Exterior Brick Frame Wood, Steel & Concret Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home	26,669	1987	$ 66,000	1
2					2
3	TOTALS	26,669		$ 66,000	3

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	69		1987	1969	$ 594,000	$ 19,800	30	$ 19,800	$	$ 336,604	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	224,941	5
6											6
7											7
8											8
	Improvement Type**										
9	SPRINKLER			1990	3,140	158	20	157	(1)	2,234	9
10	LAND IMPROVEMENT			1992	5,410		10			5,410	10
11	BUILDING IMPROVEMENT			1992	37,505	1,629	20,10	1,620	(9)	24,878	11
12	BUILDING IMPROVEMENT			1992	26,098	1,312	20	1,305	(7)	15,712	12
13	CON			1992	3,000		30	100	100	1,300	13
14	BUILDING IMPROVEMENT			1994	12,580	296	20,10	294	(2)	9,868	14
15	PLUMBING			1995	12,200	613	20	610	(3)	5,916	15
16	LANDSCAPING			1997	1,675	167	10	168	1	1,270	16
17	BOILER			1997	8,858	1,119	8	1,107	(12)	8,492	17
18	REMODEL OF DINING ROOM			1997	35,389	1,769	20	1,769		12,534	18
19	HEETING/COOLING SYSTEM			1999	13,826	1,384	10	1,383	(1)	7,137	19
20	FIRE ALARM UPGRADE			2001	2,610	261	10	261		805	20
21	FRONT ADDITION			2001	115,835	5,792	20	5,792		17,860	21
22	DINING ROOM REMODEL			2001	84,135	4,207	20	4,207		12,972	22
23	Kitchen Improvements			2004	3,852	115	20	115		115	23
24	Flooring			2004	2,790	70	10	70		70	24
25	Laundry Building			2004	106,437	2,217	20	2,217		2,217	25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,580,646	$ 58,005		$ 58,019	$ 14	$ 690,335	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 274,519	$	$	$		$ 274,519	71
72	Current Year Purchases	34,774	1,365	1,365		8	1,365	72
73	Fully Depreciated Assets	156,158	16,729	16,729		8	75,843	73
74								74
75	TOTALS	$ 465,451	$ 18,094	$ 18,094	$		$ 351,727	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Station Wagon	1993	$ 8,401	$	$	$	5	$ 8,401	76
77	Facility	95 Buick Roadmaster	1997	20,895				5	20,895	77
78	Facility	Van	1999	37,719	3,143	3,143		5	37,719	78
79	See List	See List	See list	46,005	8,195	8,195		5	14,271	79
80	TOTALS			$ 113,020	$ 11,338	$ 11,338	$		$ 81,286	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,225,117	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 87,437	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 87,451	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 14	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,123,348	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Office Building	$ 45,776	$ 1,526	$ 11,572	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 45,776	$ 1,526	$ 11,572	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [x] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	$
13.	/2006	$
14.	/2007	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO

16. Rental Amount for movable equipment: $ 1,724 Description: Dishwasher rent (1215) Rental of Maint. Equip (508)
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care	10-3	visits			3,705			3,705	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs		222	11,175		222	11,175	10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$	222	$ 14,880	$	222	$ 14,880	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Clinton Manor Living Center **#** 0033159 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/04 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (168,534)	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	978,194		3
4	Supply Inventory (priced at FIFO)	19,291		4
5	Short-Term Investments			5
6	Prepaid Insurance	20,901		6
7	Other Prepaid Expenses	50		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 849,902	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	16,157		12
13	Land	116,387		13
14	Buildings, at Historical Cost	2,167,206		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	591,753		16
17	Accumulated Depreciation (book methods)	(1,300,568)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe CIP	6,691		22
23	Other(specify): Loan Origination Fees	2,956		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,600,582	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,450,484	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 91,882	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	229,900		29
30	Accrued Salaries Payable	137,861		30
31	Accrued Taxes Payable (excluding real estate taxes)	1,899		31
32	Accrued Real Estate Taxes(Sch.IX-B)	31,421		32
33	Accrued Interest Payable	4,041		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 497,004	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	596,019		39
40	Mortgage Payable	1,257,676		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,853,695	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,350,699	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 99,785	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,450,484	$	48

***(See instructions.)**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 167,943	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 167,943	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	55,962	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(147,952)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) **Income/(Loss) From Rental Properties**	23,832	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (68,158)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 99,785	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,592,248	1
2	Discounts and Allowances for all Levels	(19,248)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,573,000	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	89,975	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 89,975	8
	C. Other Operating Revenue		
9	Payments for Education	8,597	9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	11,951	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,090	14
15	Telephone, Television and Radio	277	15
16	Rental of Facility Space		16
17	Sale of Drugs	3,452	17
18	Sale of Supplies to Non-Patients	(366)	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 26,001	23
	D. Non-Operating Revenue		
24	Contributions	100	24
25	Interest and Other Investment Income***	(4,532)	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ (4,432)	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Income From Vehicle Use	1,304	28
28a	See List Attatched	119,314	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 120,618	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 3,805,162	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	682,949	31
32	Health Care	1,889,143	32
33	General Administration	835,693	33
	B. Capital Expense		
34	Ownership	216,958	34
	C. Ancillary Expense		
35	Special Cost Centers	79,228	35
36	Provider Participation Fee	45,229	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 3,749,200	40
41	**Income before Income Taxes (line 30 minus line 40)****	55,962	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 55,962	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	3,966	4,236	$ 101,949	$ 24.07	1
2	Assistant Director of Nursing	3,908	4,226	80,991	19.16	2
3	Registered Nurses	1,775	1,872	38,676	20.66	3
4	Licensed Practical Nurses	15,967	16,895	284,399	16.83	4
5	Nurse Aides & Orderlies	17,946	18,684	205,748	11.01	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,828	1,972	22,259	11.29	9
10	Activity Assistants					10
11	Social Service Workers	5,440	5,791	74,435	12.85	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,006	2,110	28,295	13.41	14
15	Cook Helpers/Assistants	8,540	9,061	78,426	8.66	15
16	Dishwashers	7,517	7,771	48,362	6.22	16
17	Maintenance Workers	3,319	3,825	47,869	12.51	17
18	Housekeepers	9,354	9,985	85,517	8.56	18
19	Laundry	8,151	8,604	62,724	7.29	19
20	Administrator	1,856	2,088	72,852	34.89	20
21	Assistant Administrator					21
22	Other Administrative			36,000		22
23	Office Manager					23
24	Clerical	6,490	6,742	98,188	14.56	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	6,865	7,443	95,262	12.80	28
29	Resident Services Coordinator	1,824	2,088	65,682	31.46	29
30	Habilitation Aides (DD Homes)	53,954	57,173	547,067	9.57	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Transportation	2,394	2,568	23,295	9.07	33
34	TOTAL (lines 1 - 33)	163,100	173,134	$ 2,097,996 *	$ 12.12	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	120	$ 5,176	1-3	35
36	Medical Director	Contract	5,200	9-3	36
37	Medical Records Consultant	24	840	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,800	39-3	39
40	Physical Therapy Consultant	Contract	101,465	10a-3	40
41	Occupational Therapy Consultant	Contract	64,125	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Contract	22,064	10a-3	43
44	Activity Consultant				44
45	Social Service Consultant	38	2,016	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	182	$ 202,686		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	37	$ 1,557	10-3	50
51	Licensed Practical Nurses	366	11,745	10-3	51
52	Nurse Aides	2,952	55,846	10-3	52
53	TOTAL (lines 50 - 52)	3,355	$ 69,148		53

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Micheal Brave	Aministrator	25	$ 72,852
Blain Richard	Owner	25	12,000
Micheal Greer	Owner	25	12,000
Dave Reis	Owner	25	12,000
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 108,852

B. Administrative - Other

Description	Amount
Brave Management	$ 24,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 24,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
RDR Management	Management Svcs	$ 24,000
Greer Management	Management Svcs	24,000
DAR Magagement	Management Svcs	24,000
Giffen,Winning, Bodewes	Legal	2,474
CMS	Medicare Billing	941
Hartford	Benefit Administration	55
WDM Computer Services	Data Processing	15,939
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 91,409

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 99,372
Unemployment Compensation Insurance	20,490
FICA Taxes	153,820
Employee Health Insurance	96,724
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401 (k)	2,125
Deferred Compensation	3,500
De-minis Benefits	65
TOTAL (agree to Schedule V, line 22, col.8)	$ 376,096

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$ 0
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	4,572
Health Care Worker Background Check	1,092
(Indicate # of checks performed)	
Adv/Public Relations	21,798
Employee Drug Testing	2,460
See List Attatched	6,040
Less: Public Relations Expense	(21,798)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 14,164

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
See List	7,585
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,585

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Clinton Manor Living Center **#** 0033159 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IHCA $1997**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? _____

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **2,957** Line **10-2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. _____

(9) Are you presently operating under a sublease agreement? _____ YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

_____

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **45,229**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **2,090**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **Yes** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **1,304**
c. What percent of all travel expense relates to transportation of nurses and patients? **75**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ _____

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **N/A** If no, please explain. _____

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **N/a**
Attach invoices and a summary of services for all architect and appraisal fees.

Clinton Manor Living Center, Inc.
01/01/04 thru 12/31/04
0033159

The following is a breakdown of Schedule V Line 6 Column 3

Repairs & Maint. Dietary	$4,211.27
Repairs & Maint. Laundry	$3,799.50
Repairs & Maint. Housekeeping	$120.29
Repairs & Maint. Equipment	$14,831.47
Repairs & Maint. Ground	$4,813.72
Repairs & Maint. Building	$27,234.86
Repairs & Maint. Wheelchairs	$468.56
Repairs & Maint. Outside services	$15,745.46
Repairs & Maint. Gen/Amdin.	$776.94
Storage Rental	
	$72,002.07

The following is a breakdown of Schedule V Line 21 Column 3

Printing	$926.37
Postage	$3,898.85
Software Support	$1,903.86
Copier	$2,502.98
Telephone	$15,335.93
	$24,567.99

The following is a breakdown of Schedule V Line 36 Column 3

Sales Tax	$1,352.00
State Replacement Tax	$2,310.00
Contributions	$30.00
Bank & servive fees	$1,376.17
Amortization of Loan Costs	$1,967.28
Bad Debt Expense	$21,946.70
Political Contributions	$195.60
Rounding	$2.00
	$29,179.75

The following is a breakdown of Schedule XVII Line 28a

CSS Labor: Admin. Program	$26,267.88
CSS Labor: Admin. Assist.	$22,424.64
CSS Labor: Nursing Labor	$37,609.92
CSS Labor: Maintenance	$548.78
Misc. Revenue	$1,780.09
Office Lease	$12,000.00
Rebates	$140.33
Discounts	$51.20
In-House Day Training Revenue	$18,491.00
Gain/Loss on Sale of Asset	$0.00
	#########

The following is a breakdown of Schedule XIX, Section F

IHNAA Dues	$100.00
Illinois Health Care Association Dues	$1,997.15
Sam's Club	$49.92
Workforce Subscription	$99.00
Activity Planning Guide Sub.	$96.00
AAMR Dues	$270.00
Notary Dues	$46.80
DONA Dues	$60.00
OSHA Guide Sub	$91.42
Labor Law Sub.	$21.50
DMA Dues	$122.00
Misc Subscriptions	$252.72
Food Svc License	$35.00
Jim Lopresto (Nursing Home Administratior	$137.40
401 (k) Plan Fee	$30.00
Vehicle Licenses	$532.00
Il Housing Department License	$75.00
IDPH Fee	$1,990.00
Recorder of Deeds	$15.00
Notary Fees	$20.00
Rounding	-$1.00
	$6,039.91

Schedule XIII, Section A.

Cna's are responisbile for their own training and testing.

Schedule XI, Section D Line 79

Use	Make, Mode	Year Aqui	Cost	Current	S/L Deprec	Life	Accum Deprec
Facility	03 Ford E	2003	$40,507.44	$8,101.49	$8,101.49	5	$14,177.57
Facility	Used Truck	2004	$5,497.27	$93.17	$93.17	5	$93.17
			$46,004.71	$8,194.66	$8,194.66		$14,270.74

2003 Long term Real Estate Tax Statement

Section B :

Part of the office building is rented out to another corporation. That rent is then taken taken against line 34 of page 4 of the cost report.

Clinton Manor Living Center, Inc.
01/01/04 thru 12/31/04
0033159

The following is a breakdown of Schedule V Line 23 Column 3

Vendor	Purpose	Expense
Advanta	Training Book	$16.01
Loreen Matton	Staff Health In-service	$50.00
G. Neal	FMLA Kit	$103.68
Briggs	HIPPA Desk Reference	$207.09
G. Neal	IL Labor Poster	$96.48
G. Neal	Labor Forms	$246.11
G. Neal	HIPPA Privacy forms	$87.79
HR Direct	HIPPA Cobra Guide	$419.82
Sam's Club	DSP Training Supplies	$48.25
HR Direct	HIPPA Compliance kit	$105.24
Ameri-books	Orientation Books	$130.26
Office Depot	DSP Training Supplies	$65.63
Business & Legal	HR Guice Book	$57.46
Ameri Fair	Training Book	$179.30
G. Neal	FLSA Compliance kit	$236.09
Aspen Publishing	Human Resource Book	$148.34
Ingenix	UB-92 Editor Upgrade	$270.90
Business & Legal	FLSA Guide	$186.43
Micheal Brave	People MAP Training	$30.87
G. Neal	Training Videos	$178.28
Holly Szopinski	Meal for inservice	$7.69
HR Direct	Staff COBRA Books	$75.41
O'Fallon Healthcare	ORCA Training (Software Train:	$2,902.68
		$5,849.81

Clinton Manor Living Center, Inc.
01/01/04 thru 12/31/04
0033159

Schedule V, Line 24 Column 3

Date	Seminar	Location	Who Attended	Regist.	Mileage/ Auto Exp.	Meals	Hotel	Total
Jun-04	Person Centered Activities	St. Louis, MO	H. Lohman M. Jackson	$130.00				**$130.00**
Mar-04	Kaskaskia Leadership Training S	Carlyle, IL	C. Smith D. Loomis A. Sitton R. Hicks J. Baker K. Zacharski J. Vorhees	########	$30.00			**$2,525.55**
May-04	Refresher Course for Food Handl	Brese, Il	P. Rehg	$25.00	$8.70			**$33.70**
May-04	How to Improve Documentation Pr	Oak Brook, IL	M. Brave	$100.00	$76.10		$92.00	**$268.10**
Oct-04	Medicare Billing for SNF	St. Louis, MO	M. Brave C. Smith M. Jackson J. Varel	$556.00				**$556.00**
Sep-04	Personnel Issues/Employement Ne	Fairview Heigh	J. Varel	$279.00				**$279.00**
Aug-04	Outcome Requirements and Expect	Fairview Heigh	J. Varel		$18.00	$11.00		**$29.00**
Aug-04	Outcome Requirements and Expect	Fairview Heigh	J. Varel		$18.00	$11.00		**$29.00**
Sep-04	IHCA Annual Convention	Springfield, I	C. Smith D. Loomis M. Brave H. Lohman M. Jackson J. Lopresto M. Hughes H. Szopinski C. Leonard S. Mayes	$595.00	$72.30	$70.50		**$737.80**
Mar-04	Human Resource Audits	Collinsville,	J. Varel S. Pfeiffer	$279.00				**$279.00**
Mar-04	Achieving Exellence in Activiti	Fairview Heigh	H. Lohman M. Jackson	$130.00				**$130.00**
Various	Human Resource Orientation		S. Swinney	$279.00				**$279.00**
Feb-04	ICF/DD Staff Training	Belleville, IL	R. Hicks J. Baker A. Sitton J. Lopresto		$16.20	$139.08		**$155.28**
Mar-04	Issues in Devepmental Disabilit	Utica, IL	H. Szopinski	$100.00	$105.00	$40.68		**$245.68**
Apr-04	Activities Seminar	St. Louis, MO	H. Lohman M. Jackson			$30.66		**$30.66**
Jun-04	IHCA Meeting		C. Leonard J. Baker			$23.22		**$23.22**
Aug-04	AAMR Meeting	Bloomington, I	J. Lopresto M. Brave		$75.30	$17.98		**$93.28**
Sep-04	IHCA Meeting		C. Smith		$35.52			**$35.52**
Sep-04	IAMR Meeting		H. Szopinski		$131.95	$29.80		**$161.75**
Sep-04	AAMR Conference	Collinsville,	All DD Staff	$735.00				**$735.00**
Nov-04	Dietary Training Seminar		M. Barnes	$99.00				**$99.00**
Nov-04	AAMR Conference	Chicago, IL	J. Lopresto M. Brave	$195.00	$498.60			**$693.60**
Oct-04	Labor Law Workshop	Fairview Heigh	J. Varel		$23.68	$12.00		**$35.68**
					Total Expenses			**$7,584.82**

Clinton Manor Living Center, Inc.
01/01/04 thru 12/31/04
0033159

Schedule VII Attatchment

Name	Function	Nursing Home	Ownership Interest	Compensation from other Nursing Homes	Compensation Included in Costs for this Reporting Period Description	Amount	Sch. V, Line & Column
RDR Management	Management	St. Ann's Healthcare Ctr.	0	36000			
Greer Management	Management	St. Ann's Healthcare Ctr.	0	36000			
Greer Management	Management	O'Fallon Healthcare Ctr.	0				
Mike Greer	Owner	O'Fallon Healthcare Ctr.	100	0			
Mike Greer	Owner	St. Ann's Healthcare Ctr.	26	0			
Gail Greer	Owner	St. Ann's Healthcare Ctr.	24	0			
Roger Richard Marital	Owner	St. Ann's Healthcare Ctr.	19	0			
Blain Richard	Owner	St. Ann's Healthcare Ctr.	31	0			
Dar Mngt	Management	Southern Illinois Comm. Support	0	15236			
Greer Management	Management	Southern Illinois Comm. Support	0	15236			
Advanced Options	Management	Southern Illinois Comm. Support	0	15236			
RDR Management	Management	Southern Illinois Comm. Support	0	15236			

Clinton Manor Living Center, Inc.
01/01/04 thru 12/31/04
0033159

The following is a breakdown of the reclassifications:

1. $776.70 From line 19 to Line 25 Due to Coding error of employee mileage.

2. $48.62 From Line 35 to Line 6 due to Maint. Supplies being miscoded to Rent Exp.

3 $167.98 From line 34 to Line 6 due to Maint Supplies being miscoded to Rent Exp.

4 $139.08 from Line 23 to Line 24 due to Seminar meals being coded to In-service training.